

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD						Page _____ of _____		
1. APPLICANT		2. PA ID		3. PW #		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
GRAND TOTAL								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE			DATE	